Recording of Restraints, cont.

9.1 Daily Ward Report, cont.

and the total number of hours under the classification of restraint indicated. This report will then be forwarded to the Nursing Service Office, who will scrutinize this section for unusual changes in number of patients or total hours and will then forward the form to the statistical officer of the Medical Records section.

B. The ward charge technician, or his representative, will enter the identical information on the "Monthly Report of Restraint and Seclusion", SSH Form No. NS/2 as amended, at the completion of the calendar month. This form (NS/2) will be totalled and forwarded to the Nursing Service Office. The Nursing Service Office will check the accuracy of the figures and, in turn, forward the totalled forms from all wards to the statistical officer of the Medical Records section.

C. Concomitant with the procedure in Paragraph B, the identical information will be entered in the ward log. This will include the daily summary for each corresponding day and on the final day of each month the daily summary plus the monthly totals, for that month.

Reporting of Restraints

10.0 Each day the statistical officer for the Medical Records section will summarize for the whole institution the number of patients and total number of hours for each classification of restraint. In addition, he will maintain a running summary for the current operational month to date. This information should be kept current and be available to members of the Medical Executive Committee on call.

10.1 On the first day of each month the statistical officer will complete the running monthly summary for the previous month. This information will be transcribed to SSH Form No. MR/45, Rev., ("Report of Number of Persons Restrained and Secluded with Type of Restraint and Hours, by Ward"). This form is distributed as follows:

A. Superintendent and Medical Director, who will forward his copy to the Medical Records Librarian.

B. Assistant Superintendent, Medical Services.

C. Central File on Restraints and Seclusions which is maintained in the Nursing Service Office.

D. A copy reserved for the statistical officer's file.

10.2 In addition, the statistical officer will also summarize this information on DMH Form No. 11/18/52/2C ("Mentally Retarded, California Department of Mental Hygiene Monthly Report on Restraint and Seclusion"), modified and summarized by sex and distributed as follows:

A. Department of Mental Hygiene

B. Assistant Superintendent, Medical Services

Order for Restraint

6.0 Restraint and seclusion shall be used only on the signed order of a physician setting forth the reason for its use.

6.1 In cases of extreme emergency, a patient may be restrained or secluded without a physician's order. However, in such circumstances the physician should be contacted immediately so that if he approved the recommendation for restraint or seclusion, he will write an order for it.

Application of Restraints or Seclusion

7.0 There is an accepted method for applying each restraint. If an employee does not know this procedure he should ask his immediate supervisor for assistance.

7.1 All employees should observe the following precautions:

A. Make a restraint firm but not tight. If too loose, it affords only false protection. If too tight, it is uncomfortable and may interfere with a patient's breathing or circulation.

B. Tie restraints should be knotted out of the patient's reach and should always be tied in bow or half-bow knots. However, if hard knots must be used specific permission must be obtained from the physician and a "tie string cutting knife" must be readily available to hurriedly release the patient from restraint in an emergency.

C. Protect the restrained patient from harm from other patients.

D. Visit the patient in restraint or seclusion at hourly intervals. See that he has plenty of food, fluid and exercise; that he is taken to the bathroom at necessary intervals; and that he is afforded as much companionship as desirable.

E. Report his behavior and conversation to the physician.

F. Report restrained or secluded patients to your supervisor.

G. Do not threaten patients with restraint or seclusion. It is a form of treatment, not punishment.

Responsibility of Area Supervisor

8.0 It will be the responsibility of each Area Supervisor, during his daily ward rounds, to determine that there is a proper order for each patient in restraint or seclusion, that restraints are properly applied and that restraints and seclusions are properly recorded.

Recording of Restraints

9.0 Restraint and Seclusion Order and Report

At the time a mechanical restraint or seclusion is prescribed for a patient by a physician, the "Restraint Order and Report", SSH Form No. NS/78, should be initiated by the ward charge technician.

A. On the line which at present is listed "Form of Restraint Used" should be listed both the form of restraint (as listed under

Classification of Restraints

4.0 Restraints are classified as follows:

A. Medical Restraint is that used temporarily during such acute treatment procedures as:

1. Electric shock or insulin coma treatment.

2. Intravenous injection or hypodermoclysis.

3. Treatments involving the use of tubing; for example, administration of nasal oxygen, catheterization, lavage, gavage, drainage, and similar treatments.

4. Post-operative care not to exceed three days.

B. Supportive Restraint is that which is intended to prevent helpless patients from falling out of beds or chairs, or as an assistance to patients while they are being fed, bathed, or receiving other routine nursing care.

C. Behavioral Restraint includes all other types of mechanical restraint. (Any which do not fit the definition of medical or supportive restraint.)

Forms of Restraint

5.0 The following forms of restraint are permitted:

A. Anchoring strap or belt to chair or bench: Any strapping or tying of patient to chair or bench, regardless of the device used.

B. Belts or Cuffs: Any leather, canvas, or canton flannel belt or cuff used about the body, wrists, or ankles, while in bed, sitting up, or ambulatory.

C. Camisole: A canvas shirt with very long sleeves, securely laced in back, with the patient's arms folded and the ends of the sleeves securely fastened behind the back or to the sides of the bed.

D. Mittens: Canvas mittens without thumbs which are securely fastened around the wrist with a small locked strap.

E. Restraining Sheet: Wide piece of muslin or sheet placed over body of patient, not having wrists and ankles tied.

F. Tie Jackets: Sleeveless jacket of canvas fastened down back with ties, used to tie patients to chairs, benches, or beds.

5.1 It is prohibited to utilize the following forms of mechanical restraints:

A. Muffs

B. Steel cuffs

C. Dry packs

D. Dry tubs

CONTROL AND DISCIPLINE OF PATIENTS

1.0 It would appear that matters of behavior control and discipline are sometimes problems of every group within our society. Within the hospital no less than outside we have real need for some kind of structure which, while flexible enough to meet individual needs, is still sufficiently firm to permit the control necessitated by group living.

This memorandum makes no pretense at being a formula. It does set forth a few procedures and encourages a general attitude by which it is hoped individual employees may know what to do when matters of control and discipline arise.

2.0 Personnel who work with the patients have underlined:

A. The importance of adequate supervision of the patients.

B. The importance of relating the discipline immediately to the individual known to have offended.

3.0 Every person on the staff involved should develop an understanding of his role in this procedure, and every person on the staff should also understand that the procedure in its details is to be tailored to fit individual patient's needs.

A. All patients after 4:30 p.m. shall return to their ward area unless they are on detail assignment. This means that all patients shall remain on their wards or the immediate vicinity. On Saturdays, Sundays, and holidays, all patients, unless on detail assignment, under supervision or by permission of the Technician in charge of the shift, shall remain on their wards or be in the immediate vicinity.

B. All wards are charged with the responsibility of maintaining this control and shall have a technician make occasional patrols of the grounds to ascertain if any patients from their wards are roaming around without permission. These patients shall be returned to their wards and if they persist in leaving the ward without permission shall be restricted to the ward. The area supervisor shall work out a schedule, as necessary, with the technician in charge of the shift.

4.0 "Out of Bounds" or "Restricted Area".

A. Administration Building and vicinity.

B. Vicinity of female wards.

C. Auditorium and school.

D. Buildings occupied as residences by employees.

E. Kitchen, store, commissary, and bakery.

F. Industrial area: Maintenance Shop, Paint Shop, Tinsmith Shop, Carpenter Shop, Laundry, and Garages.

G. Salvage yard and fruit drying yard.

H. Bus stop at Entrance to Grounds.

OPERATING PROCEDURES GOVERNING UNAUTHORIZED ABSENCES

The following procedures governing escapes are published for the information of all concerned. For guidance, we are listing in order of priority the steps to be taken.

1.0 When it has been determined a patient is missing, ward personnel will notify the switchboard operator. The switchboard operator will notify the Security Office at once. In the event there is no one on duty within the Security Office, the red light on top of the Administration Building will be turned on to call the Security Officer. In the meantime, personnel on the ward should search the immediate vicinity of the ward to be sure the patient is not somewhere close by.

1.1 The switchboard operator is to notify the correct Division Office.

1.2 Whenever possible give Security detailed information regarding the patient's wearing apparel last time patient was seen. Also any distinguishing features.

1.3 When it is definitely established the patient is missing, a Special Incident Report is made at once by the employee in charge. (Refer to page 25, para.2.0) The day of leaving is not counted on the Daily Report. The patient is considered to be officially on Unauthorized Leave of Absence if he/she has not returned before midnight of the day following the unauthorized absence. (Refer to page 51-A, para 20.0 and page 52-A1, para 10.0 and 11.0)

2.0 The Security Office will be responsible for the compilation of all information and the proper notification of persons and agencies concerned. In the event of an emergency, the policy group will be notified. Under all circumstances the Medical O.D. must be notified.

A. The Security Office is to notify all law enforcement agencies in Sonoma County and request the Sheriff's Office to send an all-car broadcast and Statewide teletype, when situation or type of patient indicates that such action is necessary.

B. The Security Office will initially investigate the immediate area surrounding the hospital and general grounds.

C. Car patrols and all persons engaged in the search will be under the direction of the Security Officer or his alternate.

D. All officers engaged in the search will check in with the Security Office for instructions, prior to commencing search.

E. The officer on duty in the Security Office will handle all incoming calls pertaining to an unauthorized absence. Until notified of apprehension the switchboard operator will place all such calls through the Security Office.

F. The patrol car will work with the officers of outside agencies throughout the investigation. All additional cars to work as directed by the Security Office until released.

APPREHENSION

3.0 All those who are being returned from unauthorized absence will be brought to the institution by the first available transportation. If uninjured, the patient will be taken to the Security Office for interrogation before any other steps are made. If injured, they are to be taken immediately to the hospital for medical aid.

8-A

ADMISSION AND EXAMINATION OF NEW AND RETURNED PATIENTS

Rec'd _____ AM PM County _____

I Number _____ Date of leave _____ Date Adm. or return _____

NAME _____ BORN _____ WARD _____

II Physical check by ward Dr. or O.D. _____ M.D.

III Check by Dentist first possible clinic _____ D.D.S.

IV Urine Specimen to Laboratory first possible A.M.

(Sun. and Holidays excepted) _____ Nurse or P. T.

V Stool specimen to Laboratory on New Patients first possible day, MARK SLIP NEW PATIENT.

(Sun. and Holidays excepted) _____ Nurse or P. T.

VI NEW OR RETURNED Patients wearing glasses report to E.E.N.T. clinic first possible clinic. _____ M.D.

VII Check by Chiropodist first possible clinic. _____ D.S.C.

VIII NEW PATIENT - The clinical stenographer will send clinic slips to the ward giving dates new patients are to be sent to the various clinics.

RETURNED PATIENTS - Dr. to indicate clinics he wishes patient to attend, send patient to first possible clinic.

_____ KAHN _____

It is the responsibility of Technician or Nurse to fill in this section:

Height _____ Weight _____

Eyes _____ Hair _____

WHEN FORM IS COMPLETED SEND TO MEDICAL RECORDS FOR FILING.

NS/30 Rev.1

Title	Code	Section	Page
S-cont.			
Smoking - Regulations and privileges		Employee	42 & 43
Social Service - (Refer to Ward Reference Manual)		Patient	58
Soiled Linen - sorting and exchange		Patient	41
- Linen Order sample		Patient	41-A
State Property and Supplies - misuse of		Employee	40
~~State Property and Supplies - reporting misuse of~~		~~Employee~~	~~41~~
T			
Table Scraps - Employee Dining Room	2.0	Employee	39
Therapies - Physical		Patient	56
- Rehabilitation (Refer to Ward Reference Manual)		Patient	57
Traffic Regulations		Employee	46
Transfer of Patient (R. & T.)	11.0 through 11.3	Patient	4
Transfer of State Property		Patient	53
Transfer of Equipment to Maintenance		Maintenance	1
Transfer of Patient - Ward to Ward		Patient	24
U			
Unauthorized Absences	1.0 and 2.0	Patient	9
Uniforms and General Appearance		Employee	1-AA
Upholsterer		Maintenance	4
Use of Sodium Hyperclorite - (dishwashing)		Patient	38
V			
Vacations	1.0	Employee	14
Visiting - Wards, Shops and Offices		Employee	44
Visiting - Regulations (sample of Permit)	1.0 through 3.0	Patient	6
Visiting - Procedure	4.0 through 5.0	Patient	7
Visitors - (R. & T.)	12.0	Patient	5
Visitors - Emergency First Aid Medical Attention		Employee	29
Visitors - Permit (definite)		Patient	8
W			
Ward Report Book or Log Book		Patient	49
Weighing of Patients		Patient	39

Title	Code	Section	Page
M-cont.			
Medical Care and Hospitalization for Employees		Employees	30
Medical Officer of the Day (O.D.)	1.0-A & B.	Patient	22
Medical Restraint	4.0 through 7.1	Patient	13 & 14
Medication Account Sheet - instructions		Patient	30 & 31
Charge of Shift - responsibilities		Patient	30 & 31
Medication Account Sheet - (sample)		Patient	32
Military (leave of absence)	7.0	Employee	16
N			
Name Pins (Employees)		Employee	1-B
Narcotics - Clinical Service Directive #15 Butler, Chamberlain and R. & T. only		Patient	33
O			
O.D. (Medical Officer of the Day)	1.0-A & B	Patient	22
Obtaining Hypnotics - for Butler, Chamberlain and R. & T. only (sample)		Patient	33-A
Out of Bounds Area for Patients	4.0 and 5.0	Patient	10 & 11
Oral Hygiene and Dental Care		Patient	39-1
P			
Patient's Personal Belongings (R. & T.)	8.1-B & D	Patient	3
Patient Working Off Grounds - regulations		Patient	21
Patient Working Off Grounds - request form		Patient	21-A
Pay Check		Employee	21
Pay Day - periods		Employee	21-A
Pharmacy Regulations - ordering drugs	1.0	Patient	34
Physical - (R. & T.)	4.0 through 6.0	Patient	1 & 2
Physical Therapy Treatments & Equipment		Patient	56
Physicians - (R. & T. only)		Patient	5
Police Powers and Functions		Security	2
Psychiatric Technicians Daily Report		Patient	51 & 52
Profile Sheet		Patient	24-A

ADMISSION AND EXAMINATION OF NEW AND RETURNED PATIENTS.

Definite Visits.

1.0 It will be the duty of the Psychiatric Technician to take the temperature, strip the patient, inspect for skin lesions, rash, bruises, etc.

1.1 If any of the above exist, or there is an elevation in temperature, the ward physician or his relief should be called immediately. In the event the ward physician or his relief is not available, the O.D. should be notified.

1.2 If the patient appears to be free from any infections or contagious disease and offers no complaint, the ward charge or altermate will request the ward physician to do the routine physical examination on the day following, in the course of regular rounds.

2.0 On week-ends or after 4:30 P.M. the O.D. may be notified if patient's condition indicates immediate action.

2.1 If the doctor indicates he wishes to send the patient to any clinic, the ward charge is responsible for making arrangements to send the patient to such clinics.

Indefinite Leaves and New Admissions.

3.0 For newly admitted patients and patients returning from any Indefinite Leave follow this same general procedure and complete form NS/30 (See sample, page 8-A) For newly admitted patients also refer to page 2.

NOTE: The Technician should question the person returning patient, (or bringing in a new patient) as to the recent illnesses, bowel status, etc. while patient was out on leave.

SONOMA STATE HOSPITAL

VISITOR

NAME_____

WARD_____ DATE_____

Good only on date stamped.

VISITING PROCEDURE

4.0 Visitors must first present themselves to the Receptionist where they are registered in the Visitor's Record Book by the Clerk on duty, giving the visitor's name, address, telephone number, relationship, patient's name and ward.

A. The Visitor then receives a Visitor's Permit and takes it to the ward and gives it to the Technician in charge. Recording of the visit may be done at the convenience of the Technician. The Technician is within his/her rights to question any visit without a permit. A Visit Record shall be kept in each patient's file on the ward giving the date of visit, and name of visitor. Brief comments, such as complaints, criticisms or satisfaction may be noted on record.

5.0 Visits by any other than relatives must clear through Social Service.

A. There are multiple objectives in this Visitor's Permit that will work to the advantage of both the ward and the office, e.g.; it requires the visitor to come to the office first where registration will be made and notification to the ward in advance. It gives the office the advantage of having a back reference to check on any irregularities.

B. Visiting rules have been sent to all wards and should be posted in places that catch the eye of the visitor. Good judgment and tact on the part of the Technician in charge is expected in the enforcement of them.

VISITING RULES

1.0 VISITING HOURS: Any time on all wards - Preferable Times
9:00 to 11:00 a.m.
1:00 to 3:00 p.m.

A. Patients will not be prepared for company during meal time - 11:00 a.m. to 12:30 p.m.

B. Visitors will first register with the Receptionist in the Administration Building Lobby.

C. Visiting on the ward will be confined to the Reception Room.

D. Patients must be returned at 4:00 p.m. unless arrangements have been made with the Charge of the ward or Social Service.

1.1 CHILDREN UNDER 12 YEARS OF AGE ARE NOT PERMITTED TO VISIT PATIENTS.

2.0 NOTE: At Chamberlain Hospital rules above apply, except if patient is in serious condition, when visiting may be permitted at 15 minute intervals upon the advice of the attending physician.

3.0 At the Nursery rules above apply. Preferred visiting times are before 11:00 a.m. or after 12:30 p.m. unless a mother wishes to feed her child, when she may come during the feeding time. If a child is ill parents may come at any time. Exceptions to the above rules may be made by Charge Nurse if parents arrive at hours other than those specified.

PROCEDURE FOR HANDLING PATIENT'S FUNDS.

1.0 Each patient having funds at Sonoma State Hospital has a separate account in which all monies belonging to the patient are deposited. All patient accounts are under the supervision of the Accounting Officer.

2.0 Monies for deposit to each patient's account are received from various sources.

A. Relatives and estates, and interested persons:

1. Through the mail.
2. A personal deposit to the cashier's window - Accounting Office.
3. Deposited to Box at cashier's window after hours or on holidays.

B. Any amount received over $1.00 must be deposited to the patient's account as soon as possible. A form envelope (sample attached) is to be used in accepting such monies for deposit. The person making the donation should place the money in the envelope, seal it, and fill in such information as requested on the envelope.

C. From various pension and dependent survival funds, such as Veterans Administration, Social Security, Railroad pensions, etc., which are received in the Accounting Office, directly from the source.

3.0 All wards have established systems of obtaining spending money for their patients.

3.1 THE AMOUNT OF MONEY WITHDRAWN FROM A PATIENT'S ACCOUNT MUST BE SPENT FOR THAT PARTICULAR PATIENT'S BENEFIT ONLY, UNLESS PRIOR APPROVAL IS OBTAINED FROM THE SUPERINTENDENT OR THE ASSOCIATE SUPERINTENDENT.

4.0 If a situation occurs which necessitates obtaining a patient's money from his account at some time other than the normal withdrawal time, the ward charge may write a note to the Accounting Office requesting the patient be given the amount desired or required. The charge should be sure such monies as requested are available in the patient's account.

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9.1 Following the isolation period (and prophylactic treatment for amebiases) the patient may intermingle as needed or as is desired.

A. They may leave the Unit to attend necessary clinics and diagnostic treatment areas.

B. They may also attend any suitable activities off the ward - such as movies, activity center, etc., if the ward doctor gives permission.

CONTAMINATED FOOD

10.0 Should there be any suspicion of food being contaminated - save a sample, under refrigeration, and notify the Public Health Nurse. Do not take to Lab. yourself, but go through proper channels.

TRANSFER OF PATIENTS (Pertains to R. & T. unit only)

11.0 Before transferring patients, check the following:

A. M.D. has written the order for transfer.

B. The receiving ward is out of isolation.

C. The routine Lab. work is completed.

D. The patient has no illness or elevated temperature.

11.1 No transfer slip will be necessary. The Charge will notify the receiving ward's Supervisor when the patient is ready to be transferred, and inform them if clothes are needed - give size - so the ward may bring clothes when coming for the patient. Charge will also notify the proper Division Office and R. & T. Receptionist of patient transfers.

11.2 Necessary items to be sent with the patient:

A. Folder or chart.
Individual Profile sheet - fill in as much as possible and send loose in folder.
Ward Card (Form 707) loose in folder.

B. Private clothes.
Money and valuables (check with Charge).

C. Shoes will be issued to patient from ward to which patient is transferred.

11.3 Strip bed and clean thoroughly with soap and water first - may follow up with roccal - bed, springs, mattress, bedside table, chairs, etc.

12.0 9:00 A.M. to 4:30 P.M. are the preferred visiting hours.

12.1 If the patient is still in isolation, visiting may be limited to a single room- for the protection of the visitor.

12.2 General visiting rules (See page 6) are applicable.

TYPES OF COMMITMENT AND ADMISSION IN CALIFORNIA

There are at least ten general legal classifications of patients cared for in our State Hospitals. Each classification is governed by different provisions of law pertaining to the rights of the patients to be detained or released.

Code Number 5355 - Narcotic addicts (court committed) must have a term of not less than three months nor more than two years.

Youth Authority Observations - Code #1753 - These cases involve minors, under committment to the youth authority, whose mental condition requires specialized diagnosis and study. Under the terms of an agreement entered into between the two State Agencies, the observation period is limited to 90 days.

740.5 - Juvenile Court Observations - For reasons same as above - 90 day period.

Any person who is an inmate of a State Hospital is at any time entitled to a writ of habeus corpus. Application should be made to the Superior Court of the County in which the hospital is located. This writ can be used to test the legality of the original commitment or to test the present mental status of the person and the legality of his present detention in the State Hospital.

TYPE OF ADMISSION and W & I or P C NUMBER

Commitments:

Civil	W & I 5100 or 5128
Recommitment after expiration of prison term	PC 2963
Pleas of not guilty by reason of insanity	PC 1026
Found insane before judgment	PC 1201
Found insane during trial	PC 1370
Insane prisoner	PC 2684
Insane prisoner under death sentence	PC 3701
Epileptic (without mental deficiency)	W & I 5300
Army or Navy contract	W & I 6601
Alcoholic	W & I 5404
Habit-forming drug addict	W & I 5404
Narcotic drug addict	W & I 5355
Sexual psychopath and sex offender:	
Sex psychopath observation	W & I 5512
Sex psychopath	W & I 5512
Sex psychopath recommitment	W & I 5518
Sex offender	W & I 5604
Psychopathic delinquent or defective delinquent:	
Observation	W & I 7058
Indeterminate commitment	W & I 7058
Mentally deficient and epileptic:	
"Voluntary" observation	W & I 7007
Mentally deficient or epileptic	W & I 5258
Mentally deficient "bond" cases	PC 2194
Juvenile court observation	W & I 740.5
Youth Authority observation	W & I 1753

FORM 710-F

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

STATE HOSPITALS
NURSE'S ADMISSION REPORT

To be filled out and returned to physician immediately after patient has been received, bathed and put to bed.

Name of Patient Doe, John Ward #28 - Goddard Date 3-9-58

Hour received

Hour bathed

Height

Weight

Pulse

Temperature

Respiration

Color eyes

Color hair

Complexion

Cleanliness

Condition of skin

Vermin

Nutrition of body

Eruptions

Marks or scars

Expression

Physical appearance

Injuries

Quantity and condition of clothing

Hernia

Articles found on person

Remarks

Filled out by R. & T. Receptionist and completed on ward. After doctor's examination. This is made out by admitting technician. After doctor's signature, send to charge nurse's office and then to Medical Records.

(The BLUE for girls and the YELLOW for boys.)

Nurse

STATE PRINTING OFFICE

R. & T. ADMISSION POLICIES

1.0 Patients are scheduled by Pre-Admissions to be admitted during the first days of the week, according to the number of admissions to be processed. All patients are to be admitted only to R. & T. Unit, excepting those scheduled for Tallman Nursery, who are admitted directly to the ward.

1.1 Patients admitted as observation cases will remain on R. & T. for the total observation period of ninety days.

1.2 When notified of the arrival of a patient:
A. Go to R. & T. Receptionist and pick up chart.
B. Take patient and parents to appropriate area. (This information should be available at the Receptionist's desk.)

C. The charge will show the parents what facilities we have for the patient's care, and will also explain to them the patient will receive every consideration.

1.3 If upon arrival the patient is ill, the patient is admitted to R. & T., and upon a Doctor's order is "Hospitalized" on Chamberlain Hospital for treatment.

1.4 Patients received as transfers from other hospitals will be assigned to R. & T. but will be guested on Chamberlain C.D. until cleared by Public Health. They then may be sent to R. & T. for any additional work-up prior to being sent to their permanent ward assignment.

PATIENTS RETURNING FROM INDEFINITE LEAVES (Family Care Home, Vocational Placement, Home Placement)

2.0 All patients returning to Sonoma State Hospital from an indefinite leave will be assigned to R. & T.; if necessary they may, upon a doctor's order, be guested on Chamberlain.

Annual Medical Check up and Treatment patients.

3.0 Patients returning from Family Care for Annual Medical Check Up, or patients returning from Vocational Placement or Home Placement for Treatment will be shown on R. & T. records with a "T" behind their name, thus indicating they will not be going into a ward assignment, but will be returning to their indefinite leave status upon completion of the Medical Check Up or Treatment.

3.1 These patients will be released to their respective status upon completion of the Check Up or Treatment, and upon receipt by R. & T. of the proper documents from Social Service. (Refer to page 52 for Procedure on Handling of Documents.)

Permanent return of Indefinite Leave patients.

3.2 All patients returning from Indefinite Leave for other than medical check up or treatment, and patients returning from Unauthorized Absence of more than 10 days, will remain in R. & T. for a minimum period of three weeks before being released to their assigned ward.

Note: See page 8 - Para. 3.1 and page 8-A for further information regarding the return of an Indefinite Leave patient.

PHYSICAL

4.0 Bathe patient, weigh, measure for height, take temperature, pulse and respiration. and record on Admission Chart.

4.1 Notify Charge (or Relief) of any elevated temperature, or of anything unusual.

4.2 Note any scars, bruises, deformities.

4.3 All new admissions should be given a brief physical check by a physician on the day of admission.

A. New patients arriving after 4:30 P.M. are to be examined by the O.D.

B. Nursing Service should notify the O.D. of any new admission after 4:30 PM.

5.0 Dentists and Chiropodists will be notified every Thursday by memo of all new and returned patients.

A. Patients are scheduled to go to the Dental unit after their period of isolation.

B. After the patient's isolation period, the Chiropodist will see the patient at R. & T., or in his clinic by appointment.

C. The patients will be considered in isolation for the first 7 days and until 3 negative stool specimens have been obtained. During this period, the patient will not intermingle or leave the floor for any reason.

CHARTING AND RECORDING

7.0 Start charting - i.e. fill in Nurses Admission Sheet, and other necessary sheets in the patient's chart.

7.1 Required Laboratory slips are made out by the Night Shift.

A. The doctor will make out routine Lab. orders on the medical order sheet.

B. Record any Lab. work done for a patient in: Log Book, Rand card file and Nurses Notes.

7.2 Record TPR - TID - daily for 3 days following admission, then Temp. at 1:00 P.M. daily for one week. (Unless patient is running a temperature or for some other reason additional orders are given.)

A. Nurses Ward Notes are started within the first week after patient's admission, with another notation just before being sent to their assigned ward.

B. Admission Sheets must be filled in and sent to the Nurses Desk. (Technicians: besure to sign your name at the bottom.)

C. Chart all B.M.s. This is important. Put on the Blue Bedside Notes and on the Temperature book.

D. Restraints -- in recording in the Log Book, specify either of the 3 types: mechanical, behavioral or supportive. The Night Shift (11 - 7) will total and record on restraint sheet.

E. Seizures -- Chart type, duration and severity on Nurses Notes: in the Log

7.2 E. continued -

Book record the number of siezures so these may be totalled by the 11-7 shift and recorded on the Siezure Sheet.

F. Record in Log Book and Nurses Notes: - when patient goes to a clinic or off the ward for any reason.

G. Names of visitors and the time they are on the ward should be entered in the Log Book and in the patient's folder.

7.3 Doctors Orders should be noted as soon as possible after being written. Fill out medication cards, see if there is medication on the ward -- if there is none notify the Charge.

A. Write any new medication order on Bedside Notes or Continuous Medication sheet.

B. Sign name, not just initials, in red ink - on Medication sheet.

C. No stools to Lab. after Milibis and Aralen in started. Be sure Lab. has run 3 stool specimens before starting treatment. Check with Charge after 3rd stool has been sent to Lab. so Charge may check with Lab. to be sure all 3 stools have been run.

CLOTHING AND PERSONAL BELONGINGS

8.0 Clothes and all personal belongings are to be given to Clothes Room charge and carefully checked.

8.1 Patient will wear only State clothes while on R. & T. unit.

A. Clothes room charge will issue patient clothing.
Clothes will be issued to ward the day before each bath day.
Any necessary clothing between times may be had by seeing the Clothes Room charge.

B. Patient's clothing and personal effects will be kept in the Clothes Room until patient is transferred to assigned ward.

C. Only slippers or socks are worn. No shoes will be worn unless requested and approved by the Chiropodist.

D. Patient may not have jewelry or wear jewelry while on the R. & T. unit.

E. Female patients may use personal lipstick, but no other cosmetics.

PATIENT ACTIVITIES

9.0 No patients are to talk on the telephone at any time.

A. Scheduled smoking times for patients are to be adhered to, and then only in the specified areas.

B. Patients are to be on their own beds only, and only at specified times.

C. Patients are not to loiter around the Nurses'desk at any time.